



Mitt Romney  
Governor

Kerry Healey  
Lieutenant Governor

Robert C. Haas  
Secretary

*The Commonwealth of Massachusetts*  
*Department of Public Safety*  
*Architectural Access Board*  
*One Ashburton Place, Room 1310*  
*Boston, Massachusetts 02108-1618*  
*Phone 617-727-0660 / 1-800-828-7222*  
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Docket Number: \_\_\_\_\_

Thomas G. Gatzunis, P.E.  
Commissioner

Thomas P. Hopkins  
Director

[www.mass.gov/aab](http://www.mass.gov/aab)

**GENERAL BUILDING COMPLAINT FORM**

**PLEASE BE ADVISED THAT THIS FORM IS A MATTER OF PUBLIC RECORD AND WILL BE DISCLOSED UPON REQUEST.**

1. What is the name and address of building believed to be in violation of the Rules and Regulations of this Board:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/Town: \_\_\_\_\_

2. What is the use of the building (please check one or more)?

<input type="checkbox"/> Retail Establishment	<input type="checkbox"/> Transient Lodging Facility	<input type="checkbox"/> Multiple Dwelling
<input type="checkbox"/> Commercial Building	<input type="checkbox"/> Educational Facility	<input type="checkbox"/> Medical Care Facility
<input type="checkbox"/> Place of Assembly	<input type="checkbox"/> Detention Facility	<input type="checkbox"/> House of Worship
<input type="checkbox"/> Restaurant	<input type="checkbox"/> Transportation Terminal	<input type="checkbox"/> Recreational Facility

3. Does it appear that the building was recently constructed or renovated? \_\_\_\_\_

4. What date were you most recently at the building?: \_\_\_\_\_ How many floors?: \_\_\_\_\_

5. Please check the appropriate section(s) of the Board's regulations that you believe is being violated, then describe each section as specifically as possible in the space below. Please note that section numbers are from the **2002** Regulations and the section numbers with parenthesis are from the **1982** Regulations. The section numbers are listed below for your reference. (please use additional sheets if necessary):

**Sections (1982 Regs.)**

<input type="checkbox"/> 24 (24) Ramps	<input type="checkbox"/> 25 (26) Entrances	<input type="checkbox"/> 26 (27) Doors	<input type="checkbox"/> 27 (28) Stairs
<input type="checkbox"/> 28 (35) Elevators	<input type="checkbox"/> 29 (29) Floors	<input type="checkbox"/> 30 (30) Toilets	<input type="checkbox"/> 31 (---) Bathing
<input type="checkbox"/> 32 (33) Kitchens	<input type="checkbox"/> 33 (---) Dressing	<input type="checkbox"/> 34 (---) Storage	<input type="checkbox"/> 35 (---) Tables
<input type="checkbox"/> 36 (36) Fountains	<input type="checkbox"/> 38 (---) ATM's	<input type="checkbox"/> 39 (38) Controls	<input type="checkbox"/> 40 (---) Alarms
<input type="checkbox"/> 41 (39) Signage			

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**NOTE:** Separate forms are available for complaints on Curb Cuts, Handicap Parking Spaces, Public Telephones, and Housing. Please call the office and request one or more forms.

**OPTIONAL INFORMATION**

The following information is optional, and your complaint will be processed regardless of whether or not the information is provided. However, you should be aware that the less information that is provided, the longer it will take this office to process your complaint.

a. Name and address of building owner or manager: \_\_\_\_\_  
\_\_\_\_\_

- b. The Board only considers complaints with respect to buildings which are:
- 1.) constructed by the state, city or town, and construction, reconstruction, alteration or remodeling occurred after December of 1968; or
  - 2.) privately financed buildings that are open to or used by the public and construction, reconstruction, alteration or remodeling occurred after June 10, 1975.

The following information may be obtained by contacting the local building department  
DATE BUILDING PERMIT(S) WAS ISSUED: \_\_\_\_\_  
ESTIMATE COST(S) OF CONSTRUCTION: \_\_\_\_\_

- c. The assessed value of the building will determine the extent that a building must comply. You may obtain the assessed value of the building by contacting the local assessor's office:  
ASSESSED VALUE OF THE BUILDING AT TIME PERMIT WAS ISSUED: \_\_\_\_\_

6. Name and address of person/organization filing this complaint: \_\_\_\_\_  
\_\_\_\_\_ TEL: \_\_\_\_\_  
(if organization is filing, please provide the Board with the name of a contact person)

7. Signature **(required)**: \_\_\_\_\_